İ		Application or Docket Number										
l	PATENT	APPLICATIO	RD		δΔαν	. ، ۱	1/2					
Effective December 8, 2004 09941243												
CLAIMS AS FILED - PART I									NTITY	•	OTHER	R THAN
TOTAL CLAIMS			(Column 1) ((Column 2)		PE [OR	SMALL	ENTITY
								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	395	OR	BASIC FEE	790.0
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$25		OR	x:50	
INDEPENDENT CLAIMS			minus 3 =		*			x:100)	OR	× 200	
MULTIPLE DEPENDENT CLAIM PR			RESENT						 	1	a	
* If the difference in column 1 is			less than zero, enter "0" in column 2				180.0	ļ	OR	0.0		
`							Ŧ	OTAL	L	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						s	MALL	ENTITY	OR	OTHER	
A		CLAIMS REMAINING		HIGH	EST				ADDI-	1		ADDI-
AMENDMENT A		AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* 67	Minus	** /	U	=	5	(\$ 25		OR	X\$ 50	<u>, 1 6-1-</u>
	Independent	* 17	Minus	***	<u>, </u>	= <i>Ĵ</i>	-		 	1 1		200.
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		<u> </u>	100		OR	×.200	200
			•	,			+	180		OR	+360	·
	•	•					ADD	TOTAL IT. FEE		OR.	TOTAL ADDIT. FEE	
_		(Column 1)		(Colun		(Column 3)	·			- , 		
AMENDMENT B		CLAIMS REMAINING		HIGH	BER	PRESENT		ATE	ADDI- TIONAL		DATE	ADDI-
	4	AFTER AMENDMENT		PREVIO PAID I		EXTRA		ATE	FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .	×	\$25		OR	X\$ 50	
	Independent	*	Minus	***		=	X	100		OR	× 200	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			•			~~~~	
•		•	•					186		OR	360	
							ADD	TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	<u>. · </u>			_		
AMENDMENT C		REMAINING	:	HIGHE NUME	ER .	PRESENT	Γ	A.T.C.	ADDI-	ſ		ADDI-
		AFTER AMENDMENT		PREVIO PAID F		EXTRA	Α.	ATE	TIONAL FEE		RATE	TIONAL FEE
Ž	Total	*	Minus	**		· <u> </u>	X	\$25	ě	OR	X\$ 50	
ME	Independent	*	Minus	###		=	·			t	x200	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	100		OR	100	
٠.									<u>·</u>	OR	+360	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												,
**************************************	π the "Highest Nui The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THI I For" (Total or	S SPACE is Independe	less thai nt) is the	n 3, enter "3." highest number			ropriate box		•	

FORM PTO-875 (Rev. 8/01)